

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

AUG 19 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <b>12063</b>	2. Fiscal Year Covered From <b>1 / 1 / 2004</b> Through: <b>12 / 31 / 2004</b>
3. Name and address of person filing. Name <b>Patrick J O'Donnell</b>  P.O. Box, Bldg., Room No., if any <b>P. O. Box 3745</b>  Street <b>3345 Harrison Avenue</b>  City <b>Butte</b>  State <b>Montana</b> ZIP Code + 4 <b>59702-3745</b>	4. Name, file number, and address of labor organization. Name <b>Teamsters Local Union No. 2</b> Labor Organization File Number <b>001364</b>  P.O. Box, Building and Room Number, if any <b>P. O. Box 3745</b>  Street <b>3345 Harrison Avenue</b>  City <b>Butte</b>  State <b>Montana</b> ZIP Code + 4 <b>59702-3745</b>
5. Position in labor organization. <b>Secretary-Treasurer</b>	

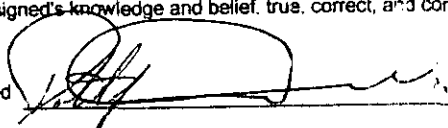
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any) Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.   7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

08/11/2005

Date

406-494-2722

Telephone Number

Name of Person Filing Patrick O'Donnell	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Western Conf. Teamsters Pension Trust Fund

Trade Name, if any: WCTPT

P.O. Box, Bldg., Room No., if any

Street 2323 Eastlake Ave E.

City Seattle

State Washington ZIP Code + 4 98102-3393

11.a. Nature of such dealing.

PJ. O'Donnell is s Trustee of the WCTPTF and Secretary-Treas. of Teamsters Local Union #2. PJO'Donnell/Teamsters Local#2 was reimbursed by Trust Fund for food, lodging, travel and similar costs related to expenses incurred on Trust business. (See attached).

11.b. Approximate dollar value of such dealing. \$16,771

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment

Patrick J O'Donnell  
12/31/2004

ATTACHMENT 1 of 3 pages

Part B

Name of Reporting Employer: Western Conf of Teamsters Pens Trust Fund	File Number
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Check Item Number (from Page 2) to which this Part B applies	ITEM 3.a <input checked="" type="checkbox"/>	ITEM 8.b <input type="checkbox"/>	ITEM 8.c <input type="checkbox"/>	ITEM 8.d <input type="checkbox"/>	ITEM 8.e <input type="checkbox"/>	ITEM 8.f <input type="checkbox"/>
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9.a. <input type="checkbox"/> Agreement <input checked="" type="checkbox"/> Payment <input type="checkbox"/> Both	9.c. Position in labor organization or with employer (if an independent labor consultant, so state). <u>Secretary-Treasurer</u>
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9.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made.  Name <u>Patrick J O'Donnell</u>  P.O. Box, Building and Room Number, if any <u>PO Box 3745</u> Street <u>3345 Harrison Avenue</u> City <u>Butte</u> State <u>Montana</u> ZIP Code + 4 <u>59702-3745</u>	9.d. Name and address of firm or labor organization with whom employed or affiliated.  Organization <u>Teamsters Local Union No. 2</u>  P.O. Box, Building and Room Number, if any <u>PO Box 3745</u> Street <u>3345 Harrison Avenue</u> City <u>Butte</u> State <u>Montana</u> ZIP Code + 4 <u>59702-3745</u>
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10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. <u>None</u>	10.b. The promise, agreement, or arrangement was: <input type="checkbox"/> Oral <input type="checkbox"/> Written* <input type="checkbox"/> Both (*Written agreements entered into during the fiscal year must be attached.)
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11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)
<u>01/02/2004</u>	<u>912</u>	<u>Trustee Expense Reimbursement</u>
<u>01/09/2004</u>	<u>143</u>	<u>Value of Trust-Paid Food/Bev/Misc @ Meeting/Event</u>
<u>01/27/2004</u>	<u>2,256</u>	<u>Trustee Expense Reimbursement</u>
<u>01/27/2004</u>	<u>29</u>	<u>Trustee Expense Reimbursement</u>
<u>02/13/2004</u>	<u>1,265</u>	<u>Value of Trust-Paid Food/Bev/Misc @ Meeting/Event</u>

12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made.  The person identified in item 9.b is a Union Trustee on the Board of Trustees of the entity identified in item 3, which is a jointly administered pension trust fund under the Labor-Management Relations Act of 1947, as amended (the "Trust Fund"). Except as explained in the following paragraph, all amounts shown in item 11.b represent either reimbursement of transportation, lodging, food and beverage, and incidental expenses incurred by the Union Trustee in connection with his attendance at meetings of the Board of Trustees and Trustee Committees of the Trust Fund or otherwise in connection with the performance of his duties as a Union Trustee or the estimated value of food and beverages provided or made available to him by the Trust Fund at such meetings or food and beverages in connection with such meetings that were paid for by others who received reimbursement from the Trust Fund for such food and beverage expenditures.
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PATRICK & C. DONNELL  
12/31/2004

ATTACHMENT 2 of 3  
pages

Part B, Continued

Name of Reporting Employer: Western Conf of Teamsters Pens Trust Fund

File Number E-

Item 12 Continuation From Page 1

If two entries are shown above for the same date and the entry in item 11.c for both items is "Trustee Expense Reimbursement", the first entry is for the amount the Trust reimbursed the person identified in item 9.b for all of the items described in the preceding paragraph that benefited that person and the second entry is for the amount the Trust reimbursed that person for food and beverage expenses paid by that person but attributable to others attending that meeting or event.

In all cases, the date shown in item 11.a for each payment or other expenditure the Trust issued a reimbursement check to the Union Trustee (in the case of items identified as "Trustee Expense Reimbursement"), or the date the Trust paid, or reimbursed some other person for the expense (in the case of items identified as "Value of Trust-Paid Food/Bev/Misc @ Meeting/Event").

Each year the Board of Trustees meets quarterly in January, April, July and October and Trustee Committees meet quarterly in March, June, September and December. Not all Trustees attend all Committee meetings and in some cases, other commitments may preclude a Trustee from attending a quarterly Board meeting. In addition to attendance at some or all of those meetings, the Union Trustee incurred expenses or the Trust made expenditures benefiting that person in connection with the person's attendance at the following other meetings or events in the performance of the Union Trustee's duties as a Trustee:

2/13/2004 - \$1,265 - Attendance Fee plus Hotel Deposit  
for International Foundation  
Seminar.

12/17/2004 - \$2,159 - Expense report for Seminar  
attendance

